dream than real life. In the midst of this speaking silence in the "stilly night" we were startled by the sound of approaching cavalry. A detachment of American soldiers had been ordered out, and the troopers were crossing the bridge en route to the "firing line."

We were in a hostile Oriental land and far from home, but our hearts took courage, for over our Palacio proudly floated the stars and stripes.

HYGIENE OF THE HOUSEHOLD

BY EVELEEN HARRISON
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(Continued from page 618)

Tray meals are associated with much discomfort by many people, and one often hears the remark, "I never have an appetite if I cannot eat at the table, because meals served on a tray are so unsatisfactory." But this should not be. Nurses are prepared by a course in the diet kitchen to cook dainty meals for their patients; but to my mind it is a matter of quite as much importance how the meal is served, for a great deal depends on the way it is presented to the patient.

No matter how well the food is prepared, put it on a cold plate without a cover, the bread cut in thick pieces, butter smeared on the edge of the plate, tea, coffee, or bouillon slopping over into the saucer, salt, pepper, table napkin forgotten, and the meal served on an untidy tray, with crumpled or soiled tray cloth, and I venture to predict that before you traverse the space between the door and the bed your patient will turn with disgust from such a meal.

As a matter of fact, the majority of nurses take great pride and display much taste in the arrangements of the invalid's tray; but there are some whose opportunities have been limited in the attainment of that branch of knowledge, and still others the lines of whose characters overbalance on the useful and practical side of life, leaving a light weight in the scale of the artistic and attractive. A few seeds of suggestion sown in their minds will doubtless bring forth much fruit.

And now let us see how daintily we may arrange the tray, for it should be dressed with as much care as you would dress yourself for some special entertainment, being careful to emphasize all the good points.

The tray cloth—of immaculate whiteness (a fresh one for each meal)—is put on carefully; the tray itself large enough to hold all you

require without crowding, and yet not too large, or your patient will imagine you are producing an overabundance.

Choose the prettiest china and glass the house affords. The cry used to be, "Anything is good enough for the sick-room, as it will surely be broken;" but again I say this should not be. If necessary, the nurse may make herself responsible for the china and glass by taking it out of the closet, setting the tray, and even washing and putting away the "egg-shell" cup and saucer, undoubtedly feeling well rewarded by the great pleasure afforded to her patient and the rest of mind to the "home mother" when she knows her treasures are in careful hands. Children are especially attracted by something out of the ordinary, and may often be tempted to eat when sick if the meal is served on the china out of the "lock-up" closet. I well remember as a child actually envying my little brother—although he was suffering from the mumps—because, as a treat, he was allowed the use of some fine china, only brought out on especial occasions.

When the mother of the family is ill it should be made an occasion of extra manifestation along this line, as she—in the arrangements of the household—thinks last of herself, and when anything falls short in the family economy contrives that the shortage will be at her end of the table, and hides the deficiency behind the shelter of the tea-tray.

Set the tray as you would a small table, with the knives, forks, and spoons in their own place, and not in the hotel fashion of jumbling them all up in a bunch at one side. Our object is to attract the patient's attention and create a desire to eat, so we must make the most of our material.

Salt and pepper cannot be omitted, as tastes differ in regard to seasoning; for the same reason, when cooking the food, never add all the seasoning you think necessary, but leave a margin for individual taste. A glass of cold water or vichy comes next, together with the table napkin, and a little ball of butter on a small plate. Hot milk or cream in one of the favorite little pitchers, cut sugar in a glass or silver bowl, and buttered toast,—cut in ladies' fingers,—rolls, bread, or baked potatoes peeping from the folds of a snowy napkin.

When serving tea or coffee, pour it into a little teapot or covered pitcher, which will have the double advantage of keeping it hot for the second cup and preventing it from slopping over into the saucer, which invariably happens when carried upstairs in a cup, to say nothing of the interest taken by the invalid in pouring out her own tea or coffee, adding just the right amount of sugar and cream. Heat the teacup by rinsing it out with very hot water.

Plates for hot meat does not mean cold or lukewarm plates, but really hot ones; this is to be noted, because invalids often eat slowly,

and unless the plate is very hot at the start the food grows cold and greasy before the end of the meal. Various kinds of hot-water plates are procurable, but unless the illness bids fair to be a long one, it is hardly necessary to add to the already heavy expenses.

The surest way to tempt the appetite is to give a little less at first than the patient can eat, and so lead her on to desire a second portion. "L'appetit vient en mangeant," and though one may commence a meal without the ghost of an appetite, there is no telling how much may be consumed when the food is prepared and served with fastidious care.

I have seen a tray carried to an invalid with great, thick pieces of meat swimming in gravy, and surrounded by mounds of vegetables, making a meal fit only for a hungry workingman instead of a poor "shut in," who has to be persuaded to eat a few mouthfuls. It is always nicer to serve the vegetables on a separate plate, or add them to the meat after it is placed before the patient.

If an egg is to be eaten, roll it in a doily and fill the egg-glass with hot water; it takes but a moment to open at the bedside and will be far more tasty.

A little sprig of watercress or parsley gives a finish to the chop or steak, but to add a touch of beauty to the dainty tray a flower is required, even if it be only "a rosebud set with little wilful thorns," for, as Henry Ward Beecher wisely says, "Flowers are the sweetest things that God ever made and forgot to put a soul in."

SURGICAL NURSING

By LEILA CLARK WOODBURY Grace Hospital, Detroit, Mich.

Surgical nursing is a subject of such almost unlimited extent that volumes might be written on it. I shall endeavor to give the requirements of a surgical nurse; a brief outline of bacteriology and the relationship this science bears to surgery; the care of a surgical case, and some additional notes of things learned by experience.

The first requirement of a good surgical nurse is that she thoroughly understand the meaning of the word "cleanliness," and that she have the ability to carry out consistently a method by which everything unclean and unsterile is kept away from her patient and from anything pertaining to the patient. She herself, her hair, her clothes, and particularly her hands and finger-nails, must be clean. She must have the knowledge of how to make and keep things sterile, be familiar with sur-